STATEMENT*

ON

Measures Employed to Prolong Life in Terminal Illness

BY

THE NEW YORK ACADEMY OF MEDICINE

MODERN medicine is able to prolong the life of the irreversibly unconscious, of those who are hopelessly damaged or in pain, and of those whose medical situation is terminal. As Lord Ritchie-Calder said at the 1971 Annual Health Conference of the New York Academy of Medicine, "Medical science has produced an ethical crisis which transcends our conventional ideas of good and evil." To some extent the problem has been caused by a failure to consider carefully some traditional doctrines of law and medical ethics. Even within religious traditions that strongly condemn the wilful killing of persons suffering from prolonged disease, it is recognized that there is no obligation on the part of the physician to use heroic measures in order to lengthen life in the presence of terminal illness and that there is no prohibition against the use of medications to ease pain even if those medications may shorten life.

The great number of articles in the popular press and the many discussions and studies of the issue of death and dying that are now underway reflect the great public interest in this problem. Some patients, greatly troubled by these considerations, are instructing their physicians that, in the event of illness, if no reasonable expectation of recovery exists or of relief from grave physical and mental disability, the patient wishes not to be kept alive by artificial means or by heroic measures.

Reports of futile prolongation of life in persons known to be hopelessly and terminally ill are appearing with increasing frequency in news media and are evoking justified criticism of physicians and hospitals.

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These situations result in great emotional and financial strains on the families of these unfortunate and already doomed sufferers.*

The problem of prolonged or heroic treatment in terminal illness is of sufficient magnitude to warrant serious consideration by trustees and medical boards of hospitals in discussions which should involve the medical staff as well as lay members of hospital boards. Perhaps the most that should be established in such discussions is an agreement on some means to avoid the prolongation of suffering. An essential element in attaining that goal is good rapport among the physician in immediate charge of such a patient, the patient's family and, where appropriate, the family religious adviser. Measures to maintain hydration and comfort and the administration of medicines to relieve suffering would indicate that the patient is being helped and not abandoned. Where doubt exists between the choice of this sort of management and more aggressive treatment, the responsible physician should seek counsel from a colleague or from a panel established for this purpose. Decisions about treatment in a particular case can raise complex issues. Specific rules drawn up in advance may not be applicable. Whether a panel or committee can be helpful in reviewing these cases or in developing rules is also a matter for discussion by trustees and medical boards. Hospitals should bring these issues to the attention of their attending and resident staffs and should develop general guiding principles.

Consideration should be given to the following:

1) Mere preservation of life must not be the sole objective of treatment.

2) The physician should discuss the situation with the patient or the family and should encourage both the patient and the family to express their feelings and wishes.

3) The opinions and recommendations of the family physician should be obtained even if he is not a physician of record in the particular case.

4) The views of religious advisers may be helpful.

To conclude: when, in the opinion of the attending physicians, measures to prolong life which have no realistic hope of effecting

*A recent, specific example which has come to the attention of the Committee is the case of a man with advanced and incurable cancer. When he was down to less than half his former normal weight, he had a coronary occlusion and was placed in the intensive care unit of a well-known hospital, where he succumbed 14 days later. This futile effort to prolong his life caused severe emotional distress to his family and exhausted their limited financial resources.

significant improvement will cause further pain and suffering to the patient and the family, we support conservative, passive medical care in place of heroic measures in the management of a patient afflicted with a terminal illness.

Summary

Inappropriate, aggressive measures to prolong life in cases of terminal illness are causing the serious problems we have described. The active discussion of these issues, including serious consideration of the point of view of concerned and experienced physicians, should produce properly balanced decisions in such cases.

We earnestly recommend that this statement be circulated to hospital staffs and to members of boards of trustees and that it be acted upon in whatever manner is deemed most appropriate to achieve the goals of dignity and compassion for the patient and his family.